249122 2014-41T

CLASS C AMENDMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: <u>20140221</u>	CLERK'S OFFICE
I have the following Certificate:	MOE
Class C Taxi # Class C Charte	er # <u>2014-151</u> Class C Charter Bus #
Class C Non-Emergency #	
Please consider this as my request for the follow	ving amendment(s) to my Certificate:
Name Change	
From:	DBA:
(Current Name)	(Current DBA if applicable)
TO:	DBA:
(New Name)	(New DBA if applicable)
Scope of Authority	
From:	To:
(Current Scope)	(New Scope)
Passenger Limit	
From: ⁷	To: 15
(Current Limit Number)	(New Limit Number)
Carolina Palmetto Car Service LLC	167 Seoul St
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)
Beaufort, SC 29902	Ende D_
(City, State, Zip Code)	(Signature)
770-364-7659	Owner
(Telephone Number)	(Title) Owner, President, etc.